

Kentucky Boxing and Wrestling Authority

ELIMINATION EVENT SHOW NOTICE FORM

NOTICE: Boxing Shows **MUST** be reported to the Authority **at least thirty (30) days prior to the show.**

Please complete and return this form to the Authority

Promoter Name _____

Promotion Name _____

Address _____

Telephone Numbers: Home _____ Work _____

Cell Phone _____ E-mail Address _____

Location of Show _____

Address _____

Date of Show _____ Time of Show _____
(month, day & year)

MAIL TO:

**Kentucky Boxing and Wrestling Authority
P.O. Box 1360
Frankfort, KY 40602**

FAX TO: **502-696-3938**

Incomplete Show Notice Forms will NOT be accepted. The Authority will consider the show as an "ILLEGAL" event and the Promoter's license will be subject to disciplinary action, including potential suspension or revocation .

Promoter's Signature _____